MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Primary Registration District No. 422 Registration District No. Registrar's No. ... DO NOT WRITE AMENDED FILED OCT 1 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY **b.** COUNTY VS 300 admission) AMENDED THORRE Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN Yes | No B)-Mound City days 0440 c. FULL NAME OF (If NOT in hospital, give location) d. STREET (If cutside, give location) Inside Limits Reside on Farm HOSPITAL OR **ADDRESS** INSTITUTION Duncan Nursing Home Yes 🔂 No 🗋 6 Miles N.W. Yes 🕞 – No 🔲 0440 \mathbf{or} NAME OF DECEASED First Middle 4. DATE Last Month Year 3 OF DEATH (Type or print) Carl Schmidt 1963 Edward Sept 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HI Never Married 5. SEX 6. COLOR OR RACE 7. Married 🔲 8. DATE OF BIRTH Months Widowed Divorced 0/11/1913 2 Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Sterling. 13a. FATHER'S NAME 13b, MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Carl T Schmidt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Tena Hartol None 17. INFORMANT Address (Yes, no, or unknown)) (If yes, give war or dates of Schmidt -- Craig 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART J. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH DOCUMENT 8 IMMEDIATE CAUSE (a) Ö Ö 11 NSTEAD Conditions, if any, 12 which gave rise to above cause (a), stating the under-13 lying cause last. DUE TO (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was Ufemale ♂ disease condition given in PART 1 (a) there a pregnancy in last 90 day ☐ Yes ☐ No ☐ Unknow HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE PERFORMED? YES | NO | 20c. TIME OF Month, Day, Year Hou. RIBBON INJURY a.m. p.m. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.) 20d, INJURY OCCURRED COUNTY STATE WHILE AT WORK NOT WHILE AT WORK READ **YPEWRITER** and last saw him alive on. 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at USE (Degree or title) 22b. ADDRESS 22c. DATE SIGNE ᆼ 22a, SIGNATURE AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 23b. DATE (State) Š REMOVAL (Specify) ATE RECD. BY LOCAL REG. ΕX

(Licensed Embalmer's Statement on Reverse Side)

TATEMENT BY LICENSED EMBALMER

J 11 + 04

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

errigii e asistrasida

or by	myself	<u> </u>	"Student Embalmer No		
working under	my personal supervision.	•	. (-	0000	}
Student		<u> </u>	Signed	lber L. School	ar/
	Signature of Student Embalmer			Licensed Embalmer No. 39	97
			المالية المالي المالية المالية المالي	P. O. Address Craig	mo.